

NURSING ASSESSMENT:

SERV. CO: _____

NAME: _____

ADDRESS: _____

D.O.B. _____ **SS**

#: _____

MassHealth #: _____

Medicare #: _____

Other insurance #: _____

PRIMARY MD:

Dentist:

Psych:

Neuro:

Other:

ALLERGIES:

MEDICAL DIAGNOSIS:

PSYCHOLOGICAL DIAGNOSIS/CONCERN

IDEAL BODY WEIGHT: _____

CURRENT WEIGHT: _____

HEPATITIS STATUS: _____

ADAPTIVE EQUIPMENT:

IMMUNIZATIONS:

**HEPATITIS:
FLU VACCINE:
CHICKEN POX VACCINE:
PPD.:**

**TETANUS:
PNEUMOVAX**

LAB WORK OR RECENT X-RAYS:

GUARDIANSHIP :

**NEXT OF KIN:
ADDRESS**

SPECIFIC TREATMENTS ORDERED:

CURRENT MEDICATIONS:

SELF MED PROGRAM: YES NO DATA:

1. **SKIN** open areas
 pressure sores
 acne
rashes
2. **RESPIRATORY** short of
 breath at rest on
 exertion cough wheeze
 smoker
 oxygen
3. **CARDIAC**
 complain of chest pain
 hypertension
 murmur
 SBE precautions
4. **UROLOGY** incontinence
 diversion
 diapered

kidney stones

5. GASTROINTESTINAL:

**swallowing
disorder reflux
hiatal hernia
constipation
diversion
diarrhea
smearing bowel
regime
history of obstruction**

**6. NUTRITIONAL
CONCERNS**

**underweight overweight
swallowing disorder
feeding program
disinterest in food g- tube
j- tube**

7. NEUROLOGICAL

**seizure disorder
spastic
quadriplegia
syndrome**

8. PSYCHOLOGICAL

**paranoia
depression
anxiety
compliance issues
tasks medical appts.
takes a pre-med**

9. GYN mammogram done

**_____ pap smear
gyn exam
menses
regular
birth control**

irregular

10. ORTHOPEDIC

wears adaptive
equipment ambulatory
paralysis
special shoes

11. ENDOCRINE SYSTEM

diabetic
thyroid issues

12. SLEEP PATTERN sleep
through the night
wakes up few times
toileting schedule

at night
time placed to bed _____ awake in am _____

**13. Preventative Medicine
Issues:**

Ears:

Eyes:

Dental :

OTHER: